

# SSVF Priority 1 Community Plan

Date Completed/Revised:

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Month			Day			Year			

<b>Continuum of Care (CoC) Name: Eugene/Springfield/Lane County</b>		<b>CoC #: OR-500</b>
<b>CoC Representative:</b> Pearl Wolfe		<b>Title:</b> Lane County Human Services Supervisor
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<b>Person Completing this Plan:</b> Anne Williams		<b>Title:</b> Housing Director, St. Vincent DePaul Society of Lane County Inc.
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**1. Primary Planning and Coordination Group:** Identify the primary group responsible for planning and coordinating efforts to prevent and end homelessness among Veterans in the CoC. Identify the principal members of this group and their affiliation.

Primary Group Name:	
Principle Members	Affiliation
Kitty Piercy	City of Eugene, Mayor
Pat Farr	Lane County, Commissioner
Anne Williams	St. Vincent DePaul Society of Lane County Inc. SSVF lead
Tim Angle	St. Vincent DePaul Society of Lane County Inc.
Larry Abel	Housing and Community Services Agency of Lane County (PHA)
Jacob Fox	Housing and Community Services Agency of Lane County (PHA)
Cindy Leming	V.A.
Craig Norton	ShelterCare ( non-profit)
Tom Mulhern	Catholic Community Services ( non-profit)
Jessica Gibb	City of Eugene
Tod Schneider	City of Eugene
Maylian Pak	Oregon Community Foundation
Noreen Dunnells	United Way
Stephanie Jennings	City of Eugene
Richard Herman	Cornerstone Housing ( non profit
Lise Stuart	Lane County (HMIS lead)
Amanda McCluskey	Lane County ( Coordinated Entry Lead)
Steve Manela	Lane County
Pearl Wolfe	Lane County (CoC lead)
Joseph Reilly	Lane County Veterans Services, Supervisor
Corey Hoover	V.A.
Paul Solomon	Sponsors(ex-offenders)
Lesa Wheeler	VA Roseburg POC
Joseph B. Riley	Lane County Veterans Service Office

**2. Ongoing Review and Coordination:** Briefly describe how often (e.g., monthly) the above group or a related review/coordination group meets to review Veterans who are homeless, track progress toward re-housing, and coordinate efforts. Include a summary of what information is reviewed during these meetings.

Created a new Poverty and Homelessness Board replacing the Continuum of Care Board and Community Action Advisory Board. This Board meets monthly. Created a Veterans sub-committee to specifically address issues of Veteran Homelessness. This committee also meets monthly. Both committees have shared Point In Time Count data and discussed ways to improve the coming PIT count and strategies for improving the count in rural areas.

SVDP will share monthly SSVF re-housing statistics, and VA representatives will share GAP analysis report for evidence based approach for consumer service provisions to prevent as much duplication of services as possible and direct appropriate amount of assistance for rapid re-housing and at risk households. SSVF will continue to work to refine data collection and reporting procedures to gather as much relevant data as possible to develop evidence based approach to housing the most vulnerable and at risk clients. A database of 62 of the most frequent users of courts, police interventions, courts, street crisis team interventions and detox facilities has been compiled. This database will need to be indexed with the VA to identify the veteran high users. SVDP will then begin individual engagement.

Use PIT data to determine number of homeless veterans on the streets and work to determine whether or not current housing inventory is enough to house each household and look for alternative solutions if there is a significant gap between affordable housing inventory and homeless veteran households.

**3. SSVF Grantees Serving CoC Geography:** Identify each SSVF funded agency serving Veterans in the CoC geography and each SSVF total grant award amount for FY15, including priority 1 ("surge"), 2 (renewals), and 3 (other new) awards. If one agency has multiple awards, list each separately. Pro-rate a grant award amount if the award covers more than one CoC geography. Include the projected annual number of households each grantee can serve and the total number of households across all grantees.

Grantee Agency Name	Grant Amount	Total Annual Projected Households	Total Annual Projected Households: Rapid Re-Housing	% of Total Households to be Assisted with Rapid Re-Housing
St. Vincent de Paul Society of Lane County Inc.	\$3,000,000	200	160	80%
St. Vincent de Paul Society of Lane County Inc.	\$282,000	0	0	0%
<b>TOTAL</b>	<b>\$3,000,000</b>	<b>200</b>	<b>160</b>	<b>80%</b>

**4. Annual Demand and Need for Rapid Re-Housing Assistance:** Using the *Veterans Demand Analysis and Progress Tracking Tool* or other demand analysis data agreed to by the primary group above, identify:

- The most recent actual or projected annual unduplicated number of homeless Veterans (on street and/or who access emergency shelter, Safe Havens, or transitional housing, including GPD) in the CoC geography, by household type
- The number of those Veterans who will need rapid re-housing assistance to exit homelessness
- The number of Veterans needing rapid re-housing assistance who are projected to be eligible for SSVF RRH assistance.

	Annual Unduplicated Homeless Veteran Households	Estimated # of Needing RRH (a)	Projected # to be Assisted with SSVF RRH (b)	Projected # to be Assisted with Other RRH (c)	Gap (a-(b+c))
Households without Children	1049	839	136	320	383
Households with Children	186**	149	24	88	37
<b>Total Homeless Veteran Households</b>	<b>1235*</b>	<b>988***</b>	<b>160</b>	<b>408****</b>	<b>420</b>

\*This number was provided by a HMIS Database search from the Lane County HMIS Administrator that used the Variables "Homeless" and "Veteran" for data collected from the last twelve months.

\*\*SSVF annually counts an average of 15% of all households served as households with dependents.

\*\*\*This estimate uses 80% as the total needing RRH.

\*\*\*\*This figure comes from the Housing Inventory as beds linked to veteran only programs.

**5. CoC Goals for Ending Homelessness Among Veterans:** List the CoC's goals for ending Veteran homelessness by the end of 2015 (fill in additional related goals the CoC has determined, if relevant).

**What are the CoC's goals for the estimated number of Veterans, including chronically homeless Veterans, who will be homeless as of the night of the January 2016 PIT Count?**

	All Homeless Veteran Households (including CH)			Chronically Homeless Veteran Households		
	Sheltered	Unsheltered	TOTAL	Sheltered	Unsheltered	TOTAL
Households without Children	60	150	210	9	20	29
Households with Children	5	10	15	1	2	3
<b>Total Households</b>	<b>65</b>	<b>160</b>	<b>225</b>	<b>10</b>	<b>22</b>	<b>31</b>

**Has the CoC established other goals related to preventing and ending homelessness among Veterans by the end of 2015?** ☒ Yes ☐ No

**If "Yes", please describe:**

The formation of the Poverty and Homelessness Board and its Veterans sub-committee have identified several goals:

- create additional SRO units for very low-income veterans and those with special housing barriers
- create 'harm Reduction Housing'
- create additional affordable housing with veterans set-asides and Housing Choice Vouchers
- Eugene Mayor Kitty Piercy has joined the '25 cities' initiative to end veteran homelessness by 2015 and has issued a county wide challenge to raise \$60,000 to augment SSVF funds and assist veteran households ineligible for SSVF services
- Create process for homeless veteran community to provide input on creating effective systems for engaging homeless veterans

**6. SSVF Integration into CoC Coordinated Assessment System:** Briefly describe how Veterans access SSVF assistance (across all SSVF grantees) via the CoC's coordinated assessment system (e.g., "All Veterans who present to the CoC coordinated assessment center are screened for their current situation, needs, and SSVF eligibility. Then....). If not yet fully developed, describe your plans and implementation timeframe. Specifically address:

- a) How Veterans who present for shelter are screened and diverted to SSVF homelessness prevention assistance when they have somewhere safe and appropriate to stay that night.
- b) How Veterans who become literally homeless are screened and triaged to SSVF rapid re-housing assistance as soon as possible once it is clear the Veteran is unable to resolve their homelessness without assistance.

Lane County Human Services Division provides Coordinated Entry to housing programs serving homeless households. Assessments are provided at “Front Door” agencies throughout the community. These Front Doors complete an assessment with the household and refer them to the Central Wait List. Housing programs with availability contact Lane County Human Services Division staff for referrals. All veterans who present to a Front Door are screened and assessed for their eligibility for SSVF and other homeless programs.

SSVF and other agencies across the service area currently provide Coordinated Entry Assessments to veteran families. These households are assessed and screened for their housing needs and any barriers they may face. SSVF and Front Door staff throughout the community will divert families who qualify to SSVF Homelessness Prevention assistance. As families who qualify for Homelessness Prevention are identified, the Front Door will contact SSVF and make a direct referral.

SSVF and other Front Doors in the community currently provide screening and triage to identify households who qualify for Rapid Re-housing. Qualifying households are added to the Central Wait List. SSVF will contact Lane County Human Services Division staff for referrals and households who qualify will be referred to SSVF. Front Doors are available throughout the community to quickly identify and refer homeless veteran households to the Central Wait List.

Create a separate sub group that meets weekly to gauge effectiveness of current coordinated entry and the impact it has on ending chronic veteran homelessness. This group will work to develop a process to ensure that chronically homeless veterans are prioritized. The group will also dedicate time to develop a system that allows for intake information to be cross shared among community service providers.

Utilize the frequent user database for targeted intensive outreach to veterans in this database.

**7. Long-Term System Improvements:** Briefly describe how the CoC plans to utilize SSVF Priority 1 and all other SSVF funding over the next three years to foster long-term system improvements and optimization so that homelessness is prevented whenever possible and when it does occur, it is rare and brief. Specifically address areas for improvement related to:

- a) Further integrating SSVF assistance into the CoC's planning, oversight processes and coordinated assessment system.
- b) Ensuring comprehensive coordination with VA systems and other VA funded programs.
- c) Improving or establishing partnerships with community-based services and public/private housing providers.

- a) The SSVF program will be an instrumental part of the Veteran Sub Committee of the Poverty and Homeless Board. Monthly project updates and challenges will be addressed in these meetings that will be used to guide the planning and coordination of the CoC in goal of creating systematic changes needed to meet goal of ending veteran homelessness by end of 2015. Use data collected from PIT count and frequent user database to determine progress in ending veteran homelessness. This will determine future strategic approach.
- b) The SSVF program and the VA Roseburg BHRRS VAMC will meet monthly to complete analysis of impact of Gaps Analysis and Progress Tracking tool. Cross coordination between VA and other local VA funded programs will continue to be developed in order to ensure that veterans are able to engage SSVF program from any VA or VA funded site in service area. Develop specific housing targets that SSVF and VA will work towards in providing services for veteran households receiving both services.
- c) SSVF and the CoC will continue to develop HMIS coordination assessments to quickly refer veteran households that become homeless to the SSVF program to decrease time to access rapid re-housing supports with the goal of limiting the time a veteran household is unsheltered or homeless and sheltered to fourteen days. Develop a better system to track veterans receiving services in the community from agencies that currently report in HMIS. Hire and additional admin who will work with CoC HMIS liaison to develop reporting tools and tracking clients.

c. SVDP and Lane County Housing Authority (HACSA) are now working in partnership, after 15 years of intense competition. In 2 newly constructed affordable housing complexes, HACSA has provided 10 Housing Choice vouchers for units dedicated for homeless veterans. An additional 10 units of proposed housing is planned. HACSA also is providing housing quality inspections for many SSVF units.

**8. Other Strengths and Challenges:** Briefly describe any additional strengths and/or challenges relevant to your achieving VA and local goals.

Lane County is fortunate to have many homeless service providers that use the HMIS and CE database to track and refer clients between agencies.

Student housing development is increasing and with older student housing becoming less commercially viable there may be more opportunities to offer low income housing to singles or couples with no children with incentives to developers or owners to allow placements.

Court systems and medical service providers are becoming more responsive to need for systematic changes needed to address issue of disabled veterans needing treatment and access to housing. Medical social workers are now more aware of potential benefits veterans may receive.

Lack of affordable housing.

Lack of SRO units.

Community will buy in only when they start seeing progress. This can be a challenge but once progress has been made community will be more open to assisting programs and making referrals for veterans in need.

Benefits, fund raisers, and community donations for veteran's has been increasing and with more awareness we are hoping to turn this into a community project rather than a specific issue that need's addressing.

Continue to seek out and support landlords willing to take a risk with zero income or chronically homeless veteran households.

Identify what makes a community successful in long term systems change and work to model their approach in effort to use evidence based approach.